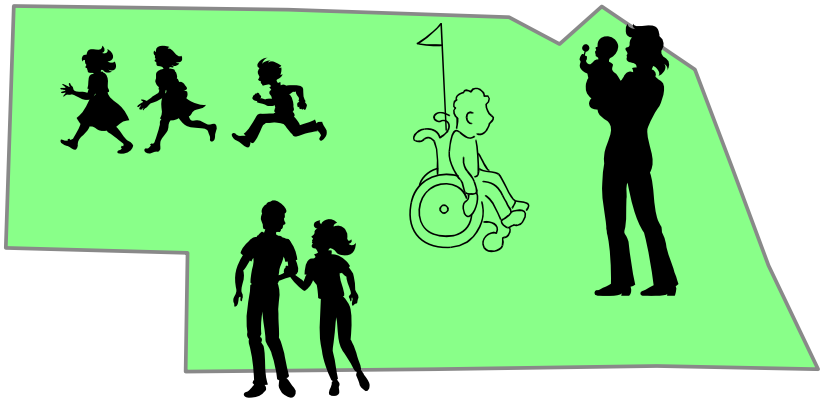
Guidelines for Requesting FY 2007 Continuation Funds



Subgrant Name: **Nebraska Maternal and Child Health (MCH)**

Granting Agency: Nebraska Health and Human Services Regulation and Licensure

Funding Source: Maternal & Child Health Services Title V Block Grant Program
CFDA #93.994 (federal funds)

Project Period: October 1, 2005 – September 30, 2008

Request Issued: August 8, 2006

Proposal Deadline: September 8, 2006

Issuing Office: Office of Family Health – MCH Planning & Support
Nebraska Health and Human Services Regulation and Licensure
301 Centennial Mall South, PO Box 95007
Lincoln NE 68509-5007
(402) 471-0197
rayma.delaney@hhss.ne.gov

August, 2006

Statewide MCH Grant Colleagues:

I am pleased to announce on behalf of Joann Schaefer, M.D., Chief Medical Officer and Director Department of Health and Human Services Regulation and Licensure, the availability of MCH Grant continuation funds for FY 2007 (October 1, 2006 – September 30, 2007), or Year 2. Continuation funds are offered at "level funding", i.e. a Subrecipient's budget request cannot exceed the amount of funds approved for the 12-month period FY 2006.

It is necessary for Subrecipients approved for the three-year period to re-apply for Years 2 and 3. Each fiscal year is subject to audit and so information must be resubmitted and, as relevant, updated for FY 2007. The enclosed *Guidelines for Requesting FY 2007 Continuation Funds* provides the instructions and forms to formally submit a Continuation Request. A summary of the requirements is found in a checklist [Attachment 9]. The enclosed document is also available electronically at www.hhs.state.ne.us/fah/RFP.htm. Recognizing the great demands on time and financial resources, the process to request continuation funds is minimized as much as possible. *Much of the volume of the enclosed Guidelines is instructional and reference material.* Assuming that the approved FY 2006 applications are saved electronically, any revisions should be relatively quick and easy to accomplish to meet the requirements for the FY 2007 Continuation Request.

The due date to submit Continuation Requests is Friday, September 8, 2006. This date is firm in order to allow time for review and issuance of award letters by the October 1 start-up date. In addition to timeliness, I urge your careful attention to detail to avoid common mistakes and omissions **[see ATTACHMENT 10].** These measures will facilitate a smooth review and quick turnaround time for awards. Contact me with any questions about these *Guidelines for Requesting FY 2007 Continuation Funds*, at (402) 471-0197 or rayma.delaney@hhss.ne.gov.

I am eager to continue working together. Thank you for your leadership and commitment to your MCH Grant activities.

Sincerely,

Rayma Delaney, MSW
Federal Aid Administrator – Office of Family Health

Encl: *Guidelines for Requesting FY 2007 Continuation Funds*
cc: Paula Eurek, Administrator Office of Family Health (encl.)

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Eligible Entities

Nebraska Health and Human Services Regulation and Licensure announces availability of continuation funds for the period October 1, 2006 – September 30, 2007, or Year 2. Eligible entities are subrecipients of FY 2006 MCH Grant funds. Although individuals and for-profit organizations were ineligible to apply for these funds, they may continue to participate as collaborative partners of the Subrecipient.

If the Subrecipient is relying on collaborative partners for the success of the proposed work, either a Memorandum of Understanding or a Contract must be developed which clearly delineates and formalizes the commitment of the partners. Memorandum(s) of Understanding apply to non-paid collaborative partners. The agreement with persons or agencies who receive payments must be formalized in a Contract as a legally-binding document. **Note:** Subrecipients who enter into contractual agreements are advised to fully detail the scope of services and terms in the written agreement with Contractor. A Contractor of Subrecipient is responsible to Subrecipient for performance of duties. Subrecipient is responsible to the Nebraska Health and Human Services Regulation and Licensure for performance. Contracts, either current or new, do not need to be submitted as part of the continuation request, although shall be made available upon request. Memorandum(s) of Understanding developed and submitted in the FY 2006-2008 proposal do not need to be renewed unless the partners or the activities have changed.

Funding Period and Availability of Funds

In 2005, the Department considered proposals for the three-year period October 1, 2005 – September 30, 2008. The project period is divided by fiscal years as referenced below:

Year 1 / Fiscal Year 2006 ..... October 1, 2005 – September 30, 2006
Year 2 / Fiscal Year 2007..... October 1, 2006 – September 30, 2007
Year 3 / Fiscal Year 2008 ..... October 1, 2007 – September 30, 2008

The projection of funds available for FY 2007 is level, i.e. the budget cannot exceed the amount of the FY 2006 award (non-adjusted for the 12-month period). The Title V / MCH Block Grant is flat funded in the President FY 2007 budget. Despite the zero-or-negative growth due to inflationary cost increases, maintaining funding at the federal level is a positive indicator in lean economic times. Funds for FY 2007, however, have not yet been appropriated by Congress, and static funding does not keep pace with inflationary changes. As a result, heightened effectiveness and efficiency are needed at all levels. ***The level of funding for Year 3 will be the same or less than the funding level for Years 1 and 2.*** Subrecipient's decreasing budget for succeeding years relates to the anticipation of program income, if applicable, and/or other support. Both factors relate to the Subrecipient's plans for sustainability in the Finance Plan and the Management Plan.

Maternal and Child Health (MCH) Grant -- Level of Funds Available for FY 2007

Competitive subgrants of federal Title V/MCH Block Grant

Subrecipients	Approval Annual Level *FY 2006 - 2008*	FY 2006 Award *(adjusted: 9 months)**	**Maximum Amount of Continuation Request**	Assigned Grant # *(FY 2007)*
Central Nebraska Community Services	$ 208,815	$ 156,611	**$ 208,815**	MCH-**07**-01
Community Action Partnership of Mid-NE	$ 117,667	$ 88,250	**$ 117,667**	MCH-**07**-02
Goldenrod Hills Community Action	$ 178,302	$ 133,727	**$ 178,302**	MCH-**07**-03
Great Plains Regional Medical Center	$ 61,000	$ 45,750	**$ 61,000**	MCH-**07**-04
Hope Medical Outreach	$ 349,696	$ 262,272	**$ 349,696**	MCH-**07**-05
Lincoln Lancaster Co Health Dept	$ 40,000	$ 30,000	**$ 40,000**	MCH-**07**-06
Panhandle Partnership for HHS	$ 50,000	$ 37,500	**$ 50,000**	MCH-**07**-07
Univ of Nebr Center-Maternal Care Program	$ 175,000	$ 131,250	**$ 175,000**	MCH-**07**-08
	$ 1,180,480	$ 885,360	$ 1,180,480	

* The Fiscal Year 2006 award was adjusted for a nine-month period January 1, 2006 through September 30, 2006 due to a one-quarter extension in the previous fiscal year. The extension was done to allow additional time to carefully review the applications.

Tribal Setaside subgrants of federal Title V/MCH Block Grant

Subrecipients	Approval Annual Level *FY 2006 - 2008*	FY 2006 Award	**Maximum Amount of Continuation Request**	Assigned Grant # *(FY 2007)*
Omaha Tribe of Nebraska	$ 55,137.61	$ 55,137.61	**$ 55,137.61**	MCH-**07**-09
Ponca Tribe of Nebraska	$ 46,358.94	$ 46,358.94	**$ 46,358.94**	MCH-**07**-10
Santee Sioux Nation	$ 39,466.74	$ 39,466.74	**$ 39,466.74**	MCH-**07**-11
Winnebago Tribe of Nebraska	$ 59,036.70	$ 59,036.70	**$ 59,036.70**	MCH-**07**-12
	$ 200,000	$ 199,999.99	$ 200,000	

Subrecipient submitting an acceptable Continuation Request will receive an award letter for the one-year budget for Year 2. Subrecipients are eligible for continuation funding in FY 2007 and FY2008. The request for continuation funding will again be detailed in approximately August 2007 through "Guidelines for Requesting MCH Continuation Funds." At a minimum, updated plans (work, management, and finance) will again be required for awards in FY2008.

The awarding of any and all funds is contingent on receipt of sufficient federal funds to the Department.

Matching Resources and Program Income

"[M]atching means the value of allowable third-party in-kind contributions and the allowable costs of a federally assisted project or program not borne by the federal government." (Source: The "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments" for the Department of Health and Human Services, 45 C.F.R. Part 92). ***Subrecipients of Nebraska MCH grant funds will be required to provide matching resources in the amount of 20% of the award.*** (Example: $10,000 match required for a $50,000 award). This community-based support is essential to help Nebraska meet the State's match requirement of three dollars for every four dollars of federal MCH Block Grant funds.

Subrecipient must document in the Continuation Request their capacity to provide matching funds, indicating both the type and source of match. The two types of matching resources are: 1) cash, and 2) in-kind (non-cash). The source of match could be a non-federal grant source, agency cash, donations, fees, or Medicaid-reimbursement[1]. (Example of source and type: A medical supply purchased by Subrecipient with non-federal funds is cash match. A medical supply donated by the product manufacturer is non-cash. In-kind contributions (non-cash match) require a valuation assessment by the Applicant (or subrecipient). Contributions shall be valued at the market value of the good or service at the time of donation. Costs used to satisfy matching requirements shall be treated as other costs under the approved budget, *i.e.:*

- match is governed by the same rules governing allowability in 45 CFR 74.23 or 92.24
- match shall be supported in accounting records with source documentation
- match will be subject to audit.

See additional information regarding match requirements **[ATTACHMENT 9].**

Program income is defined as ***revenue generated as a result of these grant funds.*** Nebraska MCH Grant funds are not program income. Examples of program income include fees, donations, insurance payments, and Medicaid reimbursement. Program income, if any, is required to be re-invested in the work related to the MCH Grant-funded activities. This re-investment of program income is shown on the budget and expenditure report as cash match. If the MCH Grant-funded activities do not generate income, or if program income is insufficient to meet the minimum match requirement, the match requirement can be met by other options: a)

[1] Medicaid is a state-federal partnership. Although Medicaid payments include federal funds, this is an allowable source of cash match since Medicaid programs are state-operated and financed in part by state funds.

any non-federal funds may be used as cash match which are not already used as match for another grant award, and/or b) non-cash match.

Estimated program income must be budgeted in the cash match column of the Line Item Budget **[ATTACHMENT 8].** Subrecipients will be expected to identify through quarterly reports the program income received and reinvested to support MCH activities.

The final expenditure report for any fiscal year must have a zero balance for program income, otherwise the final reimbursement request will be reduced by unspent program income. Subrecipients will not be allowed to carry over program income between fiscal years.

Timeline

August 8, 2006*	Informal notice of availability of continuation funds sent to the MCH Grant via the e-mail group.
August 9, 2006	Formal notice of availability of continuation funds sent to the FY 2006 MCH Grant Group via U.S. Postal Services, along with Guidelines to Request Continuation Funds
September 8, 2006* ...	Continuation Request due date
Sept 11 – 15, 2006	Review of Continuation Requests
September 22, 2006 ...	Award letters
October 1, 2006 *.....	FY 2007 begins

* Confirmed dates; *all other dates are approximate.*

Submission Requirements

- Use the checklist **[ATTACHMENT 9]** to assure that all requirements for a complete Continuation Request have been met at the time it is submitted. Avoid the Common Mistakes and Omissions **[ATTACHMENT 10]**

- Use 8 ½" by 11" white paper, single-spaced, with 1" margins. The original must be single-sided pages. The photocopy may be double-sided. The Continuation Request must be typewritten, using standard font size 12 in easily-read typeface, such as Times New Roman (as in this document) or Universal. Do not use a condensed font. Each page of the Continuation Request must be sequentially numbered.

- The Cover Sheet and Line Item Budget must follow the required format, and all must be included in the Continuation Request (see attached forms). Failure to comply with this requirement will unnecessarily delay the review process and potentially increase the chance of misinterpretation of the request. Where possible, use the electronic version of these forms available at www.hhss.ne.gov/fah/RFP.htm in a Microsoft Word document. If a Subrecipient

cannot access these from the website, request the Office of Family Health to mail it on 3½" disk or compact disk (CD).

- Include a Table of Contents with page numbers referenced in the Continuation Request. The Table of Contents should follow the same headings as the Continuation Request.

- Submit an original, **signed** Continuation Request, plus one (1) copy. Easily removable fasteners, e.g. spring clips, should be used to secure loose pages in single sets of the Continuation Request. Do not staple the original or copies.

- Do not place the original or copies in a binder, folder, or notebook. Wherever possible, the single copy should be photocopied on three-hole punch paper to fit a standard three-ring notebook.

- Do not include brochures or any attachments other than the required sections as instructed in this document. The requirements may be submitted as part of the proposal, or attached and incorporated by reference in the text. Other acceptable attachments include, as relevant to a Continuation Request and as instructed in this document: current Indirect Cost Rate Agreement and new or revised Memorandum(s) of Understanding.

- Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.

- Mail a *complete*, *signed* original and one copy **on or before Friday, September 8, 2006.** Subrecipients are encouraged to use first-class mail. Do not send third class or book rate. *For security reasons*, the **envelope must bear a return address** and be addressed to:

  Office of Family Health -- MCH Planning and Support
  Nebraska Health and Human Services Regulation and Licensure
  301 Centennial Mall South
  P.O. Box 95007
  Lincoln, Nebraska 68509-5007

Format and Content of Continuation Request

The following details the format and content required for the Continuation Request. In particular, it describes critical relationships between the major components of the Continuation Request. Each subheading contains key information about page limits and use of required forms, if any.

A. **Cover Sheet** -- Page limit: 1 page • Use required form **[ATTACHMENT 3]** available at www.hhss.ne.gov/fah/RFP.htm in a MicroSoft Word document. A new signed Cover Sheet is required for the FY 2007 Continuation Request. The Cover Sheet to the FY 2006-2008 application will not be accepted.)

A person authorized by the Subrecipient to sign legally-binding documents should review the Subgrant Terms and Assurances **[ATTACHMENT 4]** before completing and signing the Cover Sheet. By submitting the signed Cover Sheet **[ATTACHMENT 3],** Subrecipient agrees that if a subgrant is awarded, it will operate the program as described in the Continuation Request for funding in accordance with the Subgrant Terms and Assurances. Provide all information requested on the Cover Sheet, transferring budget information from the Financial Plan to the Cover Sheet, for all relevant fiscal years. Double check entries and calculations for accuracy. The Cover Sheet must be signed by an individual authorized by the Subrecipient to sign legally-binding documents.

B. **Abstract --** Page limit: 1 page.

The Abstract is the best method for the Office of Family Health to respond to occasional requests it receives to highlight activities funded by the MCH grant. Therefore, the Abstract must be concise, yet full of information. If warranted, revise the Abstract for FY 2007. Start by describing the organization that would be implementing the Work Plan. This might include a brief history of the organization, it's mission statement, and major accomplishments. In particular, describe the Subrecipient's capacity, e.g., the qualifications of project staff, the variety of systems available *(or proposed to build infrastructure)* to link new or existing services, and its ability to develop and maintain resources. Next, describe how members of the target MCH population are or will be involved in the proposed work, e.g. membership on the advisory committee or board of directors. Describe other community partners, e.g. business, faith community, and schools. ***Most importantly*, highlight key activities (outputs) and how that will achieve the intended results (outcomes).**

C. **Assessment of Community Needs, Resources and Capacity** -- Page limit: 15 pages.

A valid assessment of a community identifies and documents more than the community's needs. It also includes an assessment of its *capacity* to address priority needs. The statewide comprehensive MCH needs assessment (completed March 2005) incorporated community-level needs assessments, where available. Subrecipient should consider if there are any unmet needs and any gaps in health services as it relates to Nebraska's MCH priority needs (*or in the alternative*, unique local priority need(s)), and/or the assessment of capacity needed to adequately address need(s).

The assessment should be based on the entire maternal child health population residing in the community, and the existing MCH infrastructure. This section must include, but is not limited to, information or data on the health status of the community's MCH population, information on accessibility of health and health-related services in the community, a description of the community's capacity to address needs, and its unique characteristics, including demographics. Summarize the assessment stating the major health needs and systems to address needs that support the rationale for the proposed activities. This summary likely will best be accomplished by a combination of narrative, charts, tables, and/or maps. Citations of referenced materials are expected. Highlight information that supports the proposed activities. As available, provide updates to the Assessment that was submitted in the Application for FY 2006-2008 funding.

Significant revisions to outcomes and inputs from the original Work Plan (for Year 2) shall be accompanied with a revised Assessment supporting those changes.

D. **The Work Plan** – *(three parts: Plan Summary, Plan Description, and Timeline)*
Page limit: recommendations (not strict limits) are shown for each of three parts, *i.e.* use the number of pages necessary to adequately show the updated Work Plan for FY 2007 • use format/form for each part **[ATTACHMENT 7]**.

The following graphic depicts the relationship of critical components required for the Plan.

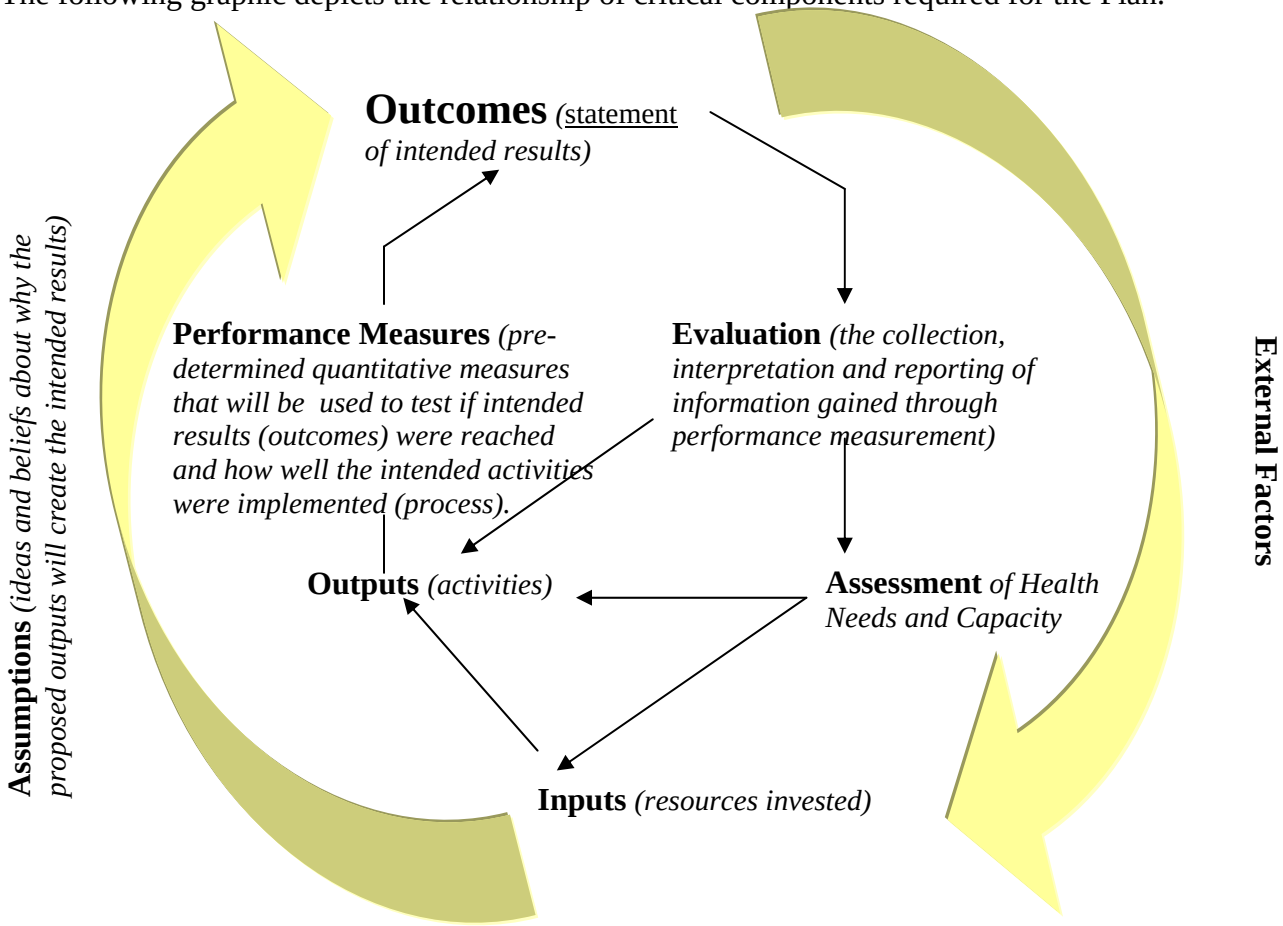

Exhibit 1: Planning Model

Planning is non-linear so it is difficult to demonstrate a multi-dimensional process using a linear Work Plan format. Another challenge is that planning terminology varies considerably. Regardless of terminology, however, the core principles are similar. For this Continuation Request, it is recommended that the graphic depiction of planning processes [Exhibit 1] be used to assist in understanding the connections necessary for a successful process to achieve outcomes. As feasible, Subrecipients are encouraged to use the same terminology used here, *i.e.* assessment, outcomes, inputs, outputs, performance measures, and evaluation, as this will aid in a shared understanding among reviewers and the uniform review of Continuation Requests. Using a logic model is highly recommended. Subrecipient should clearly communicate a plan of action, the connections between processes, and the timeline of events. Key consideration: Plan first for outcomes, choosing strategies to accomplish the intended results. Outcomes are ultimately more important than the outputs, as any variety of well-managed strategies can accomplish the intended results.

The MCH Work Plan must be ***logical, practical, and results-based.*** An example is provided to demonstrate the expectation for this requirement **[ATTACHMENT 5]**.

- **Plan Summary** – Page recommendation: 2 -3 pages.

The Plan Summary is a highlight of the Plan Description using the outline headings from the Plan Description. It is intended to be simple and concise, relying on a numbering and indentation system to relate the parts to the priority need(s) and outcomes. The Plan Summary shall reflect the updates for FY 2007.

Plan Description -- Page recommendation: 10-15 pages · following an introduction, **use a paragraph numbering and indentation system as shown in the example [ATTACHMENT 5].** The style is not absolute, but whatever system is chosen should be logical and used consistently throughout the Work Plan to aid in reviewer understanding of the relationship of the critical components of Subrecipient's Work Plan. The Plan Description shall reflect the updates for FY 2007.

This section provides, in narrative form, details about the proposed outputs, describing each output to performance measures, outcomes, evaluation, assessment, and inputs. A separate Evaluation Plan is required in the Continuation Request for the purpose of summarizing the evaluation process. **Note:** Evaluation is not a separate process from the Work Plan, however, and shall be incorporated into the three parts of the Work Plan**.** Following an introduction, **use a paragraph numbering and indentation system** to prepare the balance of the Plan Description. Describe the following in introductory paragraphs:

- **For services**, at a minimum describe the following aspects:

1) the community-based collaboration and planning process;

2) a validation of the methodology selected to address the priority need(s), *i.e.* cite specific theories, literature and/or research, of the health education/services. Subrecipients are

strongly encouraged to use ***evidence-based*** models or programs. When not using such models, a very clear rationale must be presented to justify using a non-tested model.

3) the proposed scope of work which addresses a minimum of one of Nebraska's MCH Priority Needs **[ATTACHMENT 1]** (*or in the alternative*, unique local priority need(s)) and/or the capacity-building activities to build or enhance systems to address the priority need(s).

4) the population(s) to be served;

5) how the services will be provided in family-centered, community-based, culturally-competent systems of care as defined in the Glossary **[ATTACHMENT 10]**. Further, use the description of culturally-competent systems of care to explain how the program will address disparities in health outcomes for minority populations. A plan to move towards full compliance with the four mandated CLAS Standards **[ATTACHMENT 8]** must be a described activity.

6) Additional descriptions of the program should include, where applicable, the coordination of activities to assure that families have access to health care coverage, particularly Title XIX (Medicaid) and Title XXI (State Children's Health Insurance Program (SCHIP) known in Nebraska as Kids Connection. If services to be provided are typically reimbursable by Medicaid or private insurance, the Continuation Request must describe plans to pursue reimbursement in order to maximize the use of MCH Grant funds.

- **For infrastructure**, at a minimum describe the following aspects in introductory paragraphs:

1) the community-based collaboration and planning process;

2) how the proposed activities support or enhance capacity to carry out one or more of the Essential Public Health Services to Promote Maternal and Child Health in America **[ATTACHMENT 2]**;

3) the population(s) to be impacted;

4) use the description of culturally-competent systems of care **[ATTACHMENT 10]** to explain how the activities will address disparities in health outcomes for minority populations. A plan to achieve full compliance with the four mandated CLAS Standards must be a described activity. See **[ATTACHMENT 8]**.

- **Timeline** – Page recommendation: 1-2 pages

Use the paragraph numbering system from the Plan Description to show on the timeline when the outputs and outcomes will occur in FY 2007 (only).

E. **Financial Plan –** *(includes three parts: Line Item Budget, Budget Justification, and Budget Cross-walk)* -- Page limit: Not applicable, *i.e.* use the number of pages necessary

- use required form/format for the Line Item Budget **[ATTACHMENT 6]** available at www.hhss.ne.gov/fah/RFP.htm in a Microsoft Word document to show the updated Financial Plan for FY 2007.

Except for including a suggested brief introduction, the Financial Plan is not a separate document, rather the means to organize its three essential parts, *i.e.* Line Item Budget, Budget Justification, and Budget Crosswalk. The Line Item Budget is used to identify and categorize items of costs. The Budget Justification describes the need for and shows the calculations of each item of cost. The Budget Crosswalk connects each item of cost to the intended results by "cross walking" costs to the outcomes from the Work Plan.

The Financial Plan directly supports the Work Plan. The Work Plan shall address statewide MCH priority need(s) and/or systems to address the health needs (first preference), *or in the alternative* unique local MCH priority need(s) and systems to address those priorities (second preference). Subsequently, the proposed costs will directly impact the MCH priority need(s) or the systems to address them.

An introduction to the Financial Plan is the place for the Subrecipient to identify any support requested from another funding source that impacts the MCH Continuation Request and which is pending at the time the MCH Continuation Request is submitted. Subrecipient shall identify the other proposal by funder(s), how the proposals relate, and when a funding decision is anticipated from the other funder(s).

The parts of the Financial Plan are detailed below:

- **Line Item Budget** -- The Line Item Budget includes both grant funds and matching resources. The grant and match totals on the Line Item Budget must be identical to the totals on the Cover Sheet. Update the Line Item Budget for FY 2007 (only).

  Allowable budget categories (shown as shaded cells on the form) and line items are illustrative only, not prescriptive for the budget. ***Subrecipients should use categories or line items as relevant to their organization and the Continuation Request.*** A budget should contain detail sufficient to show the proposed items of costs that comprise the budget category. This detail is identified by line items within the budget category. Budget categories are useful for organizing and clarifying line items. The sum of the line items within a budget category may, although is not required to, be shown as a subtotal. See the following example of how line items comprise a category:

Example: Line Item Budget

		Matching Funds		
		MCH Grant	Cash	Non-Cash
[CATEGORY]	**OFFICE EXPENSES**			
[Line item]	Supplies			
[Line item]	Printing			
[Line item]	Rent			
[Line item]	Insurance			
[Line item]	Utilities			
[CATEGORY]	**COMMUNICATION**			
[Line item]	Postage			
[Line item]	Telephone			
[Line item]	Internet service			

Costs must be clearly identified in the budget for the Department to review for allowability, and to determine if the cost is essential for achievement of intended results (outcomes). **"Miscellaneous" is an unallowable budget category and line item. Each item of cost must be treated consistently in like circumstances either as a direct or an indirect cost,** *e.g.* direct costs cannot include costs already reflected in an indirect cost rate, if an indirect cost rate is proposed.

- Direct Costs -- Any cost that can be identified specifically with a particular project or program (contrast to indirect costs).

- Indirect Costs -- Indirect costs are those costs incurred for common or joint purposes. See the Glossary **[ATTACHMENT 10]** for a more complete description.

The following **"order of preference"** should be followed to identify the means relevant to the Subrecipient to recover indirect costs in the Line Item Budget:

1) If there is a federal cognizant agency, use the IDC rate agreement negotiated by it. Attach a copy of the Applicant's most current indirect cost rate agreement which supports the use of the "indirect costs" line item. A negotiated cost rate agreement is typically with an organization's federal cognizant agency, i.e. if the Applicant receives federal funds directly.

2) If there is not a federal cognizant agency, use the IDC rate agreement negotiated by the state cognizant agency. E.g., in the event the Applicant receives federal funds only as pass-through from the primary recipient of a federal award, the cognizant agency is the primary recipient, or typically a state agency.

3) If the Applicant does not have a current negotiated IDC rate, the U.S. Dept of Health and Human Services Grant Policy Directive (referred to as "1/2 or 10%") may be used.

See http://www.hhs.gov/grantsnet/adminis/gpd/gpd301.htm for the written grants policy by the U.S. Department of Health and Human Services. In particular, p. 3 of 6, second paragraph of 2.b. states: *"If grants management staff determine that a grantee does not have a currently effective indirect cost rate, the award may not include an amount for indirect costs unless the organization has never established an indirect cost rate (usually a new grantee) and intends to establish one.* ***In such cases, the award shall include a provisional amount equaling one-half of the amount of indirect costs requested by the applicant, up to a maximum of 10 percent of direct salaries and wages (exclusive of fringe benefits).*** *" (emphasis added)*

If Applicant exercises this option, include in the Budget Justification the rationale (calculations) for the rate requested. This is considered a provisional rate. During the award period the Applicant must complete their determination of an indirect cost rate under provisions of either option #1 or #2. If the Applicant does not complete an IDC rate determination during the award period, the Applicant will be required to return any funds awarded based on the provisional rate.

4) Applicant may choose to direct cost the *allocable* portion of costs associated with multiple programs. The methodology for allocable costs, as determined by the Applicant, should be well documented as it is subject to audit. (See the OMB Circular addressing cost principles as relevant by type of entity of Applicant. The OMB Circulars are on-line at http://www.whitehouse.gov/omb/circulars)

- Program Income

Program income **(ATTACHMENT 10)** defrays program costs and assists with the sustainability of the activities. If feasible, program income is strongly encouraged. (**Note:** Not all grant-funded activities earn income, but if earned must be reinvested in the grant-funded work.) If the Applicant anticipates program income, include the projected amount in the Financial Plan. Program income, if any, shall be used to satisfy all or part of the match requirement, and budgeted in the "cash match" column of the Line Item Budget. Use the Budget Justification to describe the methodology used to calculate projected income and how it will be reinvested in the grant-funded activities.

- Match or Cost Sharing

Delineate the two types of match by entering the budgeted match in the appropriate column in the Line Item Budget.

- **Cash** -- An entry in the **"**Cash Match" column indicates a product/service is budgeted with cash provided by the Applicant (contrast to a third-party contribution referred to as non-cash in this RFP, or sometimes called "in-kind"). Acceptable forms of cash match include non-federal grant funds, program income, and agency funds. Projected program income should be identified in the

line item(s) of cash match to show where program income is expected to be re-invested in the MCH activities.

- **Non-cash (in-kind)** -- An entry in the "Non-cash Match" column indicates a third-party contribution, *i.e.* a donated service or product to which a value can be assessed. If non-cash match is budgeted, describe in the Budget Justification how a value will be assessed to the donated product or service.

- **Budget Justification** – The Budget Justification, as a counterpart of the Line Item Budget, contains the exact budget categories and line items. An acceptable Budget Justification identifies each item of cost and the methodology used in projecting the cost. Explain and show the method used to allocate expenditures to more than one funding source. Information must be provided in sufficient detail to support items of cost for both grant funds and match. Update the Budget Justification for FY 2007 (only).

  - Match or Cash Sharing -- identify for match, *both*: 1) the **type** (cash or non-cash) and 2) the **source** (non-federal funds, agency general funds, etc.) of matching resources. (**Note:** If awarded, records for tracking match must be kept in the same manner as records for claiming grant expenditures. Match will be subject to monitoring if a subgrant is awarded. See additional information regarding match requirements **[ATTACHMENT 9]**.)

- **Budget Crosswalk** – "Crosswalking" bridges a gap. In this case, the purpose is to connect costs with outcomes. Performance measures identify if intended results (outcomes) are achieved. Subsequently, resources will be invested in practices that show promise of producing the intended results. Performance management shall be connected to financial systems to help inform a prudent allocation process. This process is intended to assist in developing a "performance management system" as defined in the Glossary **[ATTACHMENT 10]**. Update the Budget Crosswalk for FY 2007 (only).

F. **Evaluation Plan** -- Page limit: 1 page.

The Evaluation Plan is a summarization of the evaluation design and methods. State how the performance measures were selected.

Evaluation is an essential part of a program or project, regardless of the type of activities or the scope of work. The degree of sophistication of the evaluation design (simple versus complex) is relative to the value of the award. As a guideline, approximately 5-10% of the budget should be designated for evaluation, *e.g.* costs associated with evaluation such as personnel, consultants, and supplies to collect and analyze data. Describe evaluation activities more fully in the Work Plan. Although outcomes are evaluated at the end (contrast to process evaluation which occurs throughout the entire project period) although the activities to achieve an outcome evaluation begin early in the project period. Incorporate process evaluation activities throughout the FY 2007 Timeline.

G. **Management Plan** -- Page limit: 4 pages. As warranted, update for FY 2007.

The Management Plan describes the procedures for successfully managing the Work Plan and Financial Plan. Consider potential barriers and how those barriers will be addressed if not addressed elsewhere in the Management Plan, e.g. political influences and public opinion. Charts, tables and flow charts are particularly helpful in developing a Management Plan and to clearly communicate the Management Plan to reviewers. At a minimum, the Management Plan will include the following:

- Organization chart; using the organizational chart, identify the roles, relationships, and routines needed to successfully manage the proposed MCH Grant-funded activities;

- A clear statement of the responsibilities and qualifications of the person(s) who will be involved in the MCH Grant-funded efforts, as follows:
  - finance operations
    - management/oversight
    - accounting/financial reporting
  - program operations
    - management/oversight
    - implementation and reporting of the Work Plan activities

- Identification, ***by name if available***, of the key person(s) who will implement and monitor the MCH Grant-funded activities in both finance and program operations;

- Identification of policies, practices, orders, and other key instructions that represent a basic framework to be used in the implementation and monitoring of the MCH Grant-funded activities. Describe compliance with these policies, practices, orders, and other key instructions.

- If the proposed activities require the hiring of staff or contract services, the Management Plan should address recruitment efforts to support start-up activities within the Work Plan timeline and to meet the minimum qualification requirements. Whether new or existing positions are planned for the MCH Grant-funded activities, the Management Plan should address basic considerations related to retention, e.g., comparable salary and benefits, or contract compensation, staff development, employment policy/procedures, etc.

- For any collaborative activities for which the Subrecipient is relying on persons or agencies other than representatives of the Subrecipient for the success of the proposed work, a Memorandum of Understanding must be developed which clearly delineates the commitment of the partners. Attach copies of new or revised Memorandum(s) of Understanding, *if any*, to the Continuation Request. Note: The agreement with persons or agencies who receive payments must be formalized in a contract. Memorandum(s) of Understanding apply to non-paid collaborative partners.

- Depending on the nature of the proposed activities, describe applicable requirements and how those requirements will be addressed, such as confidentiality and security of patient records, clinic licensure, scope of practice/supervision of medical personnel, quality assurance, a plan to achieve compliance with the four mandated National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) **[ATTACHMENT 8]**, new staff orientation and on-going staff development, etc.

- Sustainability of activities is critical in identifying the best strategies to improve long-term health outcomes. Plans for sustainability are also important with regard to the MCH Block Grant because this source of funding is not large enough to support all awarded projects in a long-term manner. As such, the Continuing Request must describe activities that will maximize and coordinate existing resources and acquire additional resources in the future. The plan for sustainability should reflect an intended shift in the majority of funding from the MCH Grant to other resources, ideally local resources, over time.

H. Subgrant Terms and Assurances, and Certifications -- Page limit: use the required forms **[ATTACHMENT 4]** available at www.hhss.ne.gov/fah/RFP.htm.

The Subgrant Terms and Assurances including its Exhibits 1, 2, and 3 [ATTACHMENT 4] must be included in the Continuation Request (total 23 pages, although instruction sheets do <u>not</u> need to be submitted). The Subrecipient determines the person authorized to sign legally-binding documents for it. (**<u>Note</u>:** The authorized representative must complete and sign Certifications.) Any questions about the Subgrant Terms and Assurances should be addressed before signing and submitting as part of the Continuation Request, as it is a legally-binding document.

- If Subrecipeint 's Continuation Request is accepted and funded, the organization should retain duplicate signed originals of the following official subgrant contractual documents:

  - The Department's Guidelines for Requesting FY 2007 Continuation Funds;

  - The complete, signed Continuation Request;

  - The Subgrant Terms and Assurances which includes Exhibits 1, 2, and 3 and signed certifications.* If warranted, submit a lobbying disclosure as an attachment to the Continuation Requestl. The Disclosure Form may be accessed at http://www.whitehouse.gov/omb/grants/sflllin.pdf. Either OMB Disclosure form may be used;

  - The Department's letter of grant award.

***<u>Note</u>**: The Certification Regarding Drug-Free Workplace Requirements includes the instructions and form for an Alternate II. "Grantees Who are Individuals". If a Subrecipient sub*<u>contracts</u>* any portion of the federal subgrant to individual(s), this form is to be completed by

each subcontractor. Certifications with subcontactors is the responsibility of the Subrecipient and must be maintained in official Subrecipient files.

FY 2007 Award Letters

Subrecipient that submits an acceptable Continuation Request will receive an award letter for the one-year budget for Year 2. The award letter may be tentative, however, pending satisfactory resolution of any contingencies. Careful attention to detail will help ensure a satisfactory Continuation Request. See common mistakes and omissions to avoid receiving a tentative award letter with contingencies. **[see ATTACHMENT 10].** These measures will facilitate a smooth review and quick turnaround time for awards. If it is necessary to issue a tentative award letter, a list of contingencies, actions needed to satisfy the contingencies, and a required due date for response will be attached to the tentative award letter. If the contingencies are not satisfactorily met by the due date, the Department reserves the right to rescind the tentative award.

The awarding of any and all funds is contingent on receipt of sufficient federal Title V / MCH Block Grant funds to the Department.

Questions

Questions can be addressed in several formats.

phone: (402) 471-0197

e-mail: rayma.delaney@hhss.ne.gov

fax: (402) 471-7049

mail: Office of Family Health – MCH Planning & Support
Nebraska Health & Human Services Regulation and Licensure
301 Centennial Mall South, PO Box 95007
Lincoln NE 68509-5007

Subrecipient Requirements

Subgrant Terms and Assurances

Subrecipients are legally required to comply with the Subgrant Terms and Assurances and its Exhibits 1, 2 and 3 **[ATTACHMENT 4]**. Any questions about the content should be addressed prior to signing and submitting the Continuation Request.

***Note**: The Certification Regarding Drug-Free Workplace Requirements includes the instructions and form for an Alternate II. "Grantees Who are Individuals". If a subrecipient sub*contracts* any portion of the federal subgrant to individual(s), this form is to be completed by each subcontractor. Certifications with subcontactors is the responsibility of the Subrecipient and must be obtained and maintained in official subrecipient files.

Matching Resources and Program Income

Subrecipients of Nebraska MCH grant funds are required to provide matching resources in the amount of 20% of the award. (Example: $10,000 match required for a $50,000 award). This community-based support is essential to help Nebraska meet the State's match requirement of three dollars for every four dollars of federal MCH Block Grant funds. Subrecipients must document in the Continuation Request their capacity to provide matching funds, indicating both the type and source of match. The two types of matching resources are: 1) cash, and 2) in-kind (non-cash). See additional information regarding match requirements **[ATTACHMENT 7].** Program income, if any, must be reinvested and shown as cash match.

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

See **[SEE ATTACHMENT 8]**. Subrecipients are to achieve compliance with the four mandated CLAS Standards. NHHSS will provide technical assistance over the grant period to assist subrecipients meet this requirement. Compliance with the other standards is encouraged.

Reporting

The specific reporting requirements will be detailed in the "Procedure Manual for Subrecipients for Nebraska Maternal & Child Health (MCH) Services Title V Block Grant Funds". Reporting is required and serves the following purposes:

- Regular reporting assists in establishing a systematic framework for subrecipients to monitor and evaluate their program/project.

- Reports are reviewed by MCH Planning & Support to comply, in part, with subrecipient monitoring requirements that the state agency is charged with as the pass-through entity for federal block grant funds.

- Reporting is one source of ongoing communication which allows subrecipients to keep MCH Planning & Support informed. Technical assistance needs may be identified in the reporting process.

- Reporting is the mechanism that allows the reimbursement of subrecipients' expenses related to the MCH Grant-funded work.

- Reports are submitted on a quarterly basis. The 4th Quarter Report incorporates final reporting data tables. The Quarterly Report for MCH Grant funds includes an update of the Work Plan and a report of expenditures.

Continuation Requests

Non-competitive, continuation funding is available in Year 2 and Year 3 of the three-year project period. It is necessary for subrecipients to re-apply as each Fiscal Year is subject to audit and subsequently must stand alone. This process is accomplished using the "Guidelines to Request (FY 2007 and FY 2008) MCH Continuation Funds" and occurs in August of the two interim years of the cycle. The Continuation Request is an opportunity to update the Work Plan, Financial Plan, and Management Plan. The re-application requires that a new Cover Sheet and the Certifications be signed by the current authorized representative at the time of requesting continuation funds.

Subgrantees will not be allowed to carry forward grant funds (or program income) from a prior award into a succeeding year, *e.g.* any unexpended or unobligated grant funds in Year 1 will not be added to the Year 2 award.

Nebraska's MCH / CSHCN Priority Needs

The numbers assigned to the priority needs do not signify a ranking of importance. The numbers provide a means to easily reference the priorities in the Work Plan.

1. Reduce the rates of overweight women, youth, and children by increasing participation in sufficient physical activity and improving nutrition.

2. Reduce the percent of women of child-bearing age, particularly pregnant and post-partum women, and adolescents who use tobacco *and* reduce the percent of infants, children and youth exposed to second hand smoke

3. Reduce rates of premature and low birth weight births for all women, with attention to adolescent pregnancy.

4. Reduce the rates of hospitalizations and deaths due to unintentional injuries for children and youth.

5. Reduce the number and rates of child abuse, neglect, and intentional injuries of children.

6. Reduce the rates of infant mortality, especially racial/ethnic disparities.

7. Reduce alcohol use among youth.

8. Increase capacity of community-based medical home providers to detect and refer for treatment women, children, and youth with emotional and behavioral health conditions.

9. Increase capacity of Title V Programs for Children with Special Health Care Needs to serve increased numbers of children meeting medical and financial eligibility criteria and who are uninsured or underinsured.

10. Build capacity of Title V programs for Children with Special Health Care Needs to provide transition medical and dental clinics for youth with special health care needs 14-21 years.

Essential Public Health Services to Promote Maternal and Child Health in America

The numbers assigned to the MCH Essential Services do not signify a ranking of importance. The numbers provide a means to easily reference the MCH Essential Services in the Work Plan.

1. **Assess and monitor** maternal and child health status to identify and address problems.

2. **Diagnose and investigate** health problems and health hazards affecting women, children, and youth.

3. **Inform and educate** the public and families about maternal and child health issues.

4. **Mobilize** community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.

5. **Provide leadership** for priority-setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

6. **Promote and enforce** legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

7. **Link** women, children, and youth to health and other community and family services and assure access to comprehensive, quality systems of care.

8. **Assure** the capacity and competency of the public health and personal health workforce to effectively address maternal and child health needs.

9. **Evaluate** the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

10. **Support research** and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

COVER SHEET
Nebraska Health and Human Services Regulation and Licensure
Maternal and Child Health Grant – FY 2007 Continuation Request

Title of Program/Project:_____

_____

Requesting Organization:_____

Federal Tax Identification Number:_____

Address:_____ City/Zip:_____

Phone Number:_____ Fax:_____

Website (if applicable):_____

By submitting and signing this Cover Sheet, the Subrecipient agrees that if a subgrant is awarded for FY 2007, it will operate the program as described in the Subgrant Application for funding in accordance with the Subgrant Terms and Assurances **[ATTACHMENT 4]**.

Name of authorized official (please print):_____

Signature of authorized official:_____

Title:_____ Date:_____

Project Director or contact person:

Name:_____

Title:_____

Address:_____

Phone:_____ Fax:_____

email: _____

Financial Officer:

Name:_____

Title:_____

Address:_____

Phone:_____ Fax:_____

email: _____

Funding Information:

Catalog of Federal Domestic Assistance (CFDA) Number 93.994

	FY 2006	FY 2007	FY 2008	Total All Years
MCH grant funds requested				
Matching resources: (cash)				
(non-cash)				
Total project budget				

CONTENTS OF THIS ATTACHMENT

Subgrant Terms and Assurances:

Exhibit 1: Subrecipient Reporting Requirements

Exhibit 2: Program Specific Requirements

Exhibit 3: NDHHS Administrative & Audit Guidance for Subgrants

Certifications *(signatures required):*

- Nebraska Health and Human Services Audit Requirement Certification *****
- Certification Regarding Lobbying *****
- Certification Regarding Environmental Tobacco Smoke *****
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion *****
- Certification Regarding Drug-Free Workplace Requirements *****

*** Signature required**

SUBGRANT TERMS AND ASSURANCES
Nebraska Health and Human Services System (NHHSS)

Three agencies comprise NHHSS. The Department of Health and Human Services · Department of Health and Human Services Regulation and Licensure · Department of Health and Human Services Finance and Support are referred collectively as the **Nebraska Health and Human Services System.**

This is a subgrant of federal financial assistance. By accepting this subgrant, the Subrecipient agrees to comply with the terms and conditions described herein.

A. Programs. Subrecipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the Subgrant and are hereby incorporated by this reference as though fully set forth herein.

1) Nebraska Health & Human Services System (NHHSS) Request for Application;

2) Subrecipient Project(s) Application;

3) Subrecipient Reporting Requirements (Exhibit 1);

4) Program Specific Requirements (Exhibit 2);

5) NHHSS Administrative and Audit Guidance for Subgrants (Exhibit 3) and the attached certifications; and

6) NHHSS' letter of award which includes the award period, amount of funds awarded, and any contingencies to the Subgrant award.

B. Reports. Subrecipient must submit data, program, and financial reports according to the reporting requirements (Exhibit 1). Extensions for the submission of reports and reimbursement **must be submitted in writing** to NHHSS for approval to prevent withholding of payment.

C. Administrative Requirements. Subrecipient must perform Subgrant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget Circulars governing cost principles and audits (Exhibit 3), and comply with, complete, and return the certifications attached hereto.

D. Program Specific Requirements. Subgrant activities must comply with any program specific requirements included in NHHSS' Request for Application and Exhibit 2.

E. Nondiscrimination. The Subrecipient acknowledges that the Subgrant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Subrecipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the Subrecipient receives federal financial assistance.

The Subrecipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Subgrant with respect to hire, tenure, terms, conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

F. Reimbursement. Subrecipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved budget. NHHSS will make reimbursement, subject to the following conditions:

1) Subrecipient's submission of reports according to the reporting requirements described in Exhibit 1.

2) Availability of governmental funds to support this project. In the event funds cease to be available, this Subgrant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of NHHSS.

3) Pursuant to the Nebraska Prompt Payment Act.

4) Suspension or termination for cause or convenience as described in the federal grants administration regulations applicable to the Subrecipient.

5) Cash advances may be requested in writing with justification of anticipated expenses.

G. Budget Changes.The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by NHHSS is not required **provided** the cumulative transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes.

Prior approval is **required** for cumulative budget transfers exceeding ten percent of the current total approved budget. Requests for transfers shall be addressed in writing to NHHSS. NHHSS shall approve or disapprove the request in writing within 30 days of its receipt.

H. Programmatic changes. The Subrecipient shall request in writing NHHSS approval for programmatic changes. NHHSS shall send a written determination regarding the request to the Subrecipient within 30 days of its receipt.

I. Technical Assistance. NHHSS will provide training and materials, procedures, assistance with quality assurance procedures, and site visits by representatives of NHHSS and the federal granting agency in order to review program accomplishments, evaluate management control systems and other technical assistance as needed or requested.

J. Subrecipient Procurement. Subrecipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to NHHSS, arising out of procurement entered into by it in connection with the subgrant. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature.

K. Subgrant Close-out. Upon the expiration or notice of termination of this Subgrant, the following procedures shall apply for close-out of the subgrant:

1) Upon request from Subrecipient, any allowable reimbursable cost not covered by previous payments shall be paid by NHHSS

2) Subrecipient shall make no further disbursement of funds paid to Subrecipient, except to meet expenses incurred on or prior to the termination or expiration date, and shall cancel as many outstanding obligations as possible. NHHSS shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination.

3) Subrecipient shall immediately return to NHHSS any unobligated balance of cash advanced or shall manage such balance in accordance with NHHSS instructions.

4) Within a maximum of 90 days following the date of expiration or termination, Subrecipient shall submit all financial, performance, and related reports required by the terms of the Agreement to NHHSS. NHHSS reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.

5) NHHSS shall make any necessary adjustments upward or downward in the federal share of costs.

6) The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services.

7) Close-out of this Subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records. Nor shall close-out of this Subgrant affect

the Subrecipient's responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this Subgrant. If no final audit is conducted prior to close-out, NHHSS reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

L. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Subgrant as though fully set forth herein.

M Independent Contractor. The Subrecipient is an independent contractor and neither it nor any of its employees shall be deemed employees of NHHSS for any purpose. The Subrecipient shall employ and direct such personnel as it requires to perform its obligations under this Subgrant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Subgrant.

N. Release and Indemnity. The Subrecipient shall assume all risk of loss and hold NHHSS, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Subgrant, and proximately caused by the negligent or intentional acts or omissions of the Subrecipient, its officers, employees or agents; for any losses caused by failure by the Subrecipient to comply with terms and conditions of the Subgrant; and, for any losses caused by other parties which have entered into agreements with the Subrecipient.

O. Drug-Free Work-Place Policy. The Subrecipient assures NHHSS that it has established and does maintain a drug-free work-place policy.

P. Acknowledgment of Support. Publications by the Subrecipient, including news releases and articles, shall acknowledge the financial support of NHHSS the federal granting agency by including a statement therein that, **"This project is supported in part by federal Maternal and Child Health Block Grant funds awarded to the (Subrecipient) by the Nebraska Health and Human Services System."**

Q. Copyright. The Subrecipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The federal awarding agency and NHHSS reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal and State purposes, and to authorize others to do so.

R. Notices. All notices given under the terms of this Subgrant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time.

S. Authorized Official. The person executing the Application Cover Sheet is an official of the Subrecipient who has the authority to bind the Subrecipient to the terms and assurances of this Subgrant of federal financial assistance.

T. Public Counsel. In the event the Subrecipient provides health and human services to individuals on behalf of NHHSS under the terms of this Subgrant, Subrecipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to grants or contracts between NHHSS and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

Exhibit 1

Nebraska Health and Human Services System
Maternal and Child Health

Subrecipient Reporting Requirements for FY 2007*

Report	Date Due	Date Submitted	Period Covered
1st Quarter Work Plan Report 1st Quarter Expenditure Report	January 15, 2007		1st Qtr October 2006 November 2006 December 2006
2nd Quarter Work Plan Report 2nd Quarter Expenditure Report	April 15, 2007		2nd Qtr January 2007 February 2007 March 2007
3rd Quarter Work Plan Report 3rd Quarter Expenditure Report	July 15, 2007		3rd Qtr April 2007 May 2007 June 2007
4th Quarter/Final Work Plan Report 4th Quarter/Final Expenditure Report Final Data Tables	Nov. 30, 2007		4th Qtr July 2007 August 2007 September 2007

* The "Nebraska Maternal & Child Health (MCH) Grant Procedure Manual – FY 2006-2008" outlines in detail the reporting requirements.

Exhibit 2

PROGRAM SPECIFIC REQUIREMENTS

I. Compliance for the Maternal and Child Health Services Title V Block Grant Program

A. The Subrecipient agrees that it will comply with the laws governing Maternal and Child Health Block Grants, 42 U.S.C. section 701 et seq., 45 CFR Parts 74 and 92, and to perform fiscal accountability functions in accordance with state and federal regulations, as described in Exhibit 3.

B. The Subrecipient agrees that it will comply with the "Procedure Manual for Subrecipients of Nebraska Maternal and Child Health Services Title V Block Grant Funds." [2]

C. The Subrecipient acknowledges that it may not use amounts paid to it for:

1. inpatient services, other than inpatient services provided to children with special health care needs or to high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;

2. cash payments to intended recipients of health services;

3. the purchase or improvement of land, the purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment;

4. satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;

5. providing funds for research or training to any entity other than a public or nonprofit private entity; or

6. payment for any item or service (other than an emergency item or service) furnished

   a. by an individual or entity during the period when such individual or entity is excluded from providing service under the Maternal and Child Health Act or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged or Disabled) of the Social Security Act pursuant to section 42 U.S.C. 1320a-7, 42 U.S.C. 1320a-7a, 42 U.S.C. 1320c-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act; or

[2] The Procedure Manual for FY 2006-2008 was provided to Subrecipients in March 2006. Any revisions during the three-year project period will be provided to Subrecipients.

b. at the medical direction or on the prescription of a physician during the period when the physician is excluded from providing services in the Maternal and Child Health program or Title XVIII (Medicare), Title XIX (Medicaid) or Title XX (Services for Families, Children, Aged and Disabled) of the Social Security Act pursuant to 42 U.S.C. Section 1320a-7, 42 U.S.C. Section 1320a-7a, 42 U.S.C. Section 1320-5, or 42 U.S.C. 1395u(j)(2) of the Social Security Act and when the person furnishing such item or service knew or had reason to know of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

D. The subrecipient assures that it is a public or nonprofit (as described in Internal Revenue Code 501(c)(3)) entity, and will provide proof of its nonprofit status upon request of NHHSS.

II. Cash Advance

A. Consideration of Request. In any fiscal year, a one-time advance up to 25% of the fiscal year budget will be considered based on the following criteria and circumstances:

1. Subrecipient must determine that other funds are not available to pay for the startup costs of the activities for the 1st Quarter of a fiscal year. If other funds are not available, the written request must include a declaration that Subrecipient will suffer serious cash flow problems without a cash advance. The declaration and any supporting evidence or rationale shall accompany the request.

2. Subrecipient submits a written request using the designated form in the "Procedure Manual for Subrecipients of Nebraska Maternal and Child Health Services Title V Block Grant Funds."

3. Past performance of Subrecipient in any current and/or prior grants, contracts, cooperative agreements, or subcontracts with NHHSS, with particular consideration to timely reporting or other evidence of deliverables.

B. Quarterly Deductions. A cash advance will be accounted for through deductions from the reimbursement of actual expenditures. A Subrecipient receiving a cash advance will have its reimbursement request reduced by one-fourth of the advance each of the four quarterly reporting periods. To encourage timely reporting and subsequently the deduction from the reimbursement request, a Subrecipient receiving a cash advance will be assessed a penalty of $25.00 for each day the quarterly report is past the reporting due date **[Exhibit 1, ATTACHMENT 4]**. When the final expenditure report is submitted, if more cash has been paid to the Subrecipient than the total amount of expenditures, the overage must be immediately refunded to NHHSS.

III. Reimbursement

A. Reduction in Funding. In the event NHHSS experiences funding shortages, the dollar amounts specified in the award may be reduced accordingly, and the Subrecipient may be required to reduce project activities.

B. Reservation of Right. NHHSS reserves the right to the following provisions:

1. To reallocate funds among local agencies as needed to insure service to individuals at highest levels of priority.

2. To either terminate or curtail all or part of the activities of the Subrecipient in order to best utilize available funding in the event that all or part of the federal or state funds are terminated, suspended, not released, or otherwise are not forthcoming.

3. To suspend the Subrecipient's authority to obligate funds provided by NHHSS pursuant to this Subgrant pending corrective action by this Subrecipient or a decision to terminate this Subgrant.

4. To terminate immediately this Subgrant, in whole or in part, when federal funding is terminated, suspended, not released or otherwise forthcoming.

IV. Program Income

A. Program income will not be carried over between fiscal years, *i.e.* no program income may remain unused after September 30 in any fiscal year. The beginning balance of program income each fiscal year must be zero. As program income is earned, it shall be utilized to enhance the program, resulting in a zero balance on the final expenditure report. If the final expenditure report reflects a program income balance, reimbursement for 4th Quarter expenses will be reduced by the amount of the balance. In the event that the approved reimbursement of 4th Quarter expenses is less than the program income balance, a refund must be submitted by the Subrecipient to NHHSS.

V. Match

A. Subrecipients of Nebraska MCH grant funds are required to provide matching resources in the amount of 20% of the award. (Example: $10,000 match required for a $50,000 award). This community-based support is essential to help Nebraska meet the State's match requirement of three dollars for every four dollars of federal MCH Block Grant funds. Applicants must document in the proposal their capacity to provide matching funds, indicating both the type and source of match. The two types of matching resources are: 1) cash, and 2) in-kind (non-cash). See additional information regarding match requirements **[ATTACHMENT 7].**

Exhibit 3

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
Administrative and Audit Guidance

To recipients of state funds and subrecipients of federal funds*: An **independent certified public accountant (CPA) licensed to practice in the state of Nebraska** must prepare and issue **all types of reports**, i.e. review, audit or A-133 reports. **Audit or A-133 reports** for governmental organizations and not-for-profit organizations who receive federal payments are to be **prepared in accordance with Government Auditing Standard**s as promulgated by the Comptroller General of the United States.*

Types of Organizations	Federal Authority	Cost Principles	Year-end Financial Reporting Type of Report by Payment Threshold
Not-for-profit organizations	45 CFR Part 74	A-122	▪ If state and federal payments from NHHSS are *less than $75,000*, a review report is needed. ▪ If state and federal payments from NHHSS are *$75,000 or greater*, an audit report is needed. ▪ If federal payments from all sources are *$500,000 or greater*, A-133 report is needed.
College or University	45 CFR Part 74	A-21	▪ If state and federal payments from NHHSS are *less than $75,000*, a review report is needed. ▪ If state and federal payments from NHHSS are *$75,000 or greater*, an audit report is needed. ▪ If federal payments from all sources are *$500,000 or greater*, A-133 report is needed.
State, Local or Tribal Government	45 CFR Part 92	A-87	▪ If state and federal payments from NHHSS are *less than $75,000*, a review report is needed. ▪ If state and federal payments from NHHSS are *$75,000 or greater*, an audit report is needed. ▪ If federal payments from all sources are *$500,000 or greater*, A-133 report is needed.

AUDIT REQUIREMENT CERTIFICATION

NEBRASKA HEALTH AND HUMAN SERVICES FINANCE & SUPPORT

Applicants receiving federal funds, directly or indirectly, must complete this certification. In Part I, ***select either #1 or #2*** as relevant to the applicant. An individual authorized by the applicant must **sign the Certification** in Part II. The Office of Management and Budget (OMB) Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations" is referenced in this document as "OMB Circular A-133".

Applicant_____

Name of Grant ____MCH Grant_____ **CFDA* #**___93.994_____

FTIN** _____

Applicant's Fiscal Year_____**,** 20___ to _____20____

***** Catalog of Federal Domestic Assistance

****** Federal Tax Identification Number

PART I

#1. [ ] As the applicant named above, *we will expend less than $500,000* (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. **Therefore, we are not subject to the audit requirements of OMB Circular A-133.**

We are, however, responsible for engaging a Certified Public Accountant (CPA) licensed to practice in Nebraska to conduct and prepare either, a review or audit of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Health and Human Services Finance and Support address as shown at the end of Part I.

#2. [ ] As the applicant named above, *we will expend $500,000 or more* (for fiscal years ending after December 31, 2003) from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. **Therefore we are subject to the single audit requirements of OMB Circular A-133.**

We will engage a certified public accountant (CPA) licensed to practice in Nebraska to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year. ***(#2 continued on next page)***

(#2 Continued)

We further acknowledge, that a single audit performed in accordance with OMB A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed, must contain:

- The recipient/subrecipient's financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion on this recipient/subrecipient's financial statements and Schedule of Expenditures of Federal Awards, a report on this recipient/subrecipient's internal control, a report on this recipient/subrecipient's compliance, and a Schedule of Findings and Questioned Costs.

We further acknowledge that the auditor and this recipient/subrecipient must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

We further acknowledge that a copy of this recipient/subrecipient's financial statements, auditor's report and SF-SAC must be submitted to Nebraska Health and Human Services Finance and Support and the Federal Audit Clearinghouse simultaneously. See the Federal Audit Clearinghouse webpage for its submission requirements:

http://harvester.census.gov/sac/

For NHHSS, send the audit to:

Nebraska Health and Human Services Finance and Support
Financial Services Division - Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026

PART II

An individual authorized by the applicant must sign this Audit Certification:

I hereby certify the information furnished is correct to the best of my knowledge and belief and this subrecipient will comply with the requirements as stated in this certification.

_____

Name and Title of Authorized Individual
(Please print legibly or type)

_____

Organization

_____ _____

Signature Date

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

_____

Organization Name

_____

Name and Title of Official Signing for Organization

_____

Signature of Official / Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/subgrantee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

_____ _____

Signature of authorized official signing on behalf of applicant/subgrantee — Date

_____

Organization

INSTRUCTIONS
FOR
CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. By signing and submitting the proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms *covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal,* and *voluntarily excluded,* as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION

LOWER TIER COVERED TRANSACTIONS

Before completing certification, read instructions on the previous pages.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Name and Title of Authorized Representative

_____
Organization

_____ _____
Signature Date

INSTRUCTIONS
FOR
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free workplace Act.

3. For grantees other than individuals, Alternate I. applies.

4. For grantees who are individuals, Alternate II. applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplaces(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the changes(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantee's attention is called in particular, to the following definitions from these rules:

> *Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. § 812) and as further defined by regulation (21 C.F.R. § 1308.11 through §1308.15);
>
> *Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

> *Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged it the performance of work under a grant. Including: (i) All direct charge employees; (ii) all indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include worker not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
Alternate I. (Grantees Other Than Individuals)

Before completing certification, read instructions on the previous pages.

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:

   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   b. Establishing an ongoing drug-free awareness program to inform employees about –

      (i) The dangers of drug abuse in the workplace;
      (ii) The grantee's policy of maintaining a drug-free workplace;
      (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

   d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

      (i) Abide by the terms of the statement; and
      (ii) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;

   e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph d.(ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

   f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph d.(ii), with respect to any employee who is so convicted—

(i) Taking appropriate personnel action against such an employee, up to and including term- ination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or
(ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

_____

_____

[ ] Check if there are workplaces on file that are not identified here.

_____
Name and Title of Authorized Representative (Print)

_____
Organization

_____ _____
Signature Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS
Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant;

2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

_____
Name (Print)

_____ _____
Signature Date

Work Plan

*Include an **introduction** to briefly describe the aspects identified for services and/or infrastructure in "Part III. Required Format and Content", specifically located under subsection "Plan Description").* Following an introduction, **use a paragraph numbering and indentation system as shown in this example [ATTACHMENT 7].** The style is not absolute, but whatever system is chosen should be logical and used consistently throughout the Work Plan to aid in reviewer understanding of the relationship of the critical components of Subrecipient's Work Plan.) This sample addresses one Nebraska MCH Priority Need and with potential of three MCH Essential Public Health Services, and shows several outcomes and the related Inputs, Outputs, and Performance Measure, *i.e.* it is not a sample of a complete Work Plan. Outcomes can be short-term, intermediate, and long term.

- **Plan Summary**

A. **Priority Need #1 -- Essential Services #3, 4, 5**

A.O(1) **Outcome**: Public awareness is raised and there is political will to address the problem of overweight and obesity among children and youth in the Fairville community by December 31, 2005.

A.O(1)-PM1 Performance Measure: 10% of Fairview adults attend at least one community forum.

A.O(1)-IN Inputs: local radio station, community newspaper, flyer, Speakers Bureau volunteers, city council, school board

A.O(1)-OP Outputs: public education campaign, Community forums, attend city council and school board meetings, advocacy

A.O(1)-PM2 Performance Measure: 75% of adult participants community forum raise their own awareness of the obesity problem among children and youth in Fairville.

A.O(1)-IN Inputs:

A.O(1)-OP Outputs:

A.O(2) **Outcome**: Children and youth in the Fairville Public Schools will be physically fit by September 30, 2007.

A.O(2)-PM1 Performance Measure: 90% of children and youth in the Fairville Public Schools are in the 95th percentile using the Body Mass Index (BMI)-for-Age. (Timeline: September 30, 2008)

A.O(2)-IN Inputs:

A.O(2)-OP Outputs:

- **Plan Description**

(Using the headings from the Plan Summary, fill in details for the Plan Description.)

- **Timeline**

FY 2007 – Year 2

1st Qtr			2nd Qtr			3rd Qtr			4th Qtr		
October	November	December	January	February	March	April	May	June	July	August	September

A.O(2)
A.O(2)-OP

Financial Plan

Space intentionally left blank for Subrecipient to provide introduction, *e.g.* identifying and describing other pending funding requests. If this is a proposal for continuation activities, include a description of the resources that had supported it.

EXPENDITURE REPORT
Line Item Section

GRANT #: MCH –07-_____ REPORTING PERIOD: _____ TO: _____ [ ] REVISED BUDGET

AGENCY:_____ FEDERAL I.D. NUMBER: _____

PROJECT:_____ PHONE NUMBER:_____

ADDRESS:_____ SIGNATURE: _____ SIGNATURE: _____

CITY & ZIP: _____

TWO (2) ORIGINAL SIGNATURES (representing each financial and program) ARE REQUIRED FOR PROMPT PROCESSING OF REIMBURSEMENTS. UNSIGNED FORMS OR INSUFFICIENTLY SIGNED FORMS WILL RESULT IN A PAYMENT DELAY.

[ ] Check if prepared using computerized spreadsheet function.

Line Items	Updated FY 2007 Budget			Expenditures for the Quarter			Cumulative Expenditures		
	Grant Award	Match		Grant Award	Match		Grant Award	Match	
		Cash	Non-Cash		Cash	Non-Cash		Cash	Non-Cash
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0

Line Items	Updated FY 2007 Budget			Expenditures for the **Quarter**			**Cumulative** Expenditures		
	Grant Award	**Match**		**Grant Award**	**Match**		**Grant Award**	**Match**	
		Cash	Non-Cash		Cash	Non-Cash		Cash	Non-Cash
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
TOTALS									

Budget Justification

Examples:

(**Note:** This is a sample only and does not include all allowable cost categories or lines.)

PERSONNEL**

Position Title/Name	FTE	Annual Salary	Months	Amount
Project Coordinator, Barb Taylor	1.00	$45,000	12	$45,000
Outreach Supervisor, Bill Smith	.50	$28,500	12	$14,250
Special Activities Director, Kim Young	1.00	$25,000	6	$12,500

Include brief descriptions of staff positions that are funded in whole or in part with MCH Grant funds, *i.e.* indicate the full-time equivalent (FTE) of personnel paid with MCH funds (see "allocable costs" in the Glossary [ATTACHMENT 11**]. Describe the scope of responsibility for each position, relating it to the accomplishment of outcomes stated in the Work Plan, and job responsibilities to related to the Management Plan and the Financial Plan.

OFFICE EXPENSES

Supplies ($75/month x 12 months)	$ 900.00
Printing (1,000 brochures x $.15/ea.)	$ 150.00
Rent ($3/sq. ft x 200 ft. x 12 mos)	$7,200.00

TRAVEL*

Mileage (300 mi. x 40.5¢/mi.)	$ 121.50
Meals ($25/diem x 5 days)	$ 125.00
Lodging ($100/night x 4 nights)	$ 400.00

*Travel costs that could be considered excessive should be further clarified, e.g. delineated by in-state or out-of-state travel, purpose, number of persons, etc.

CONTRACT SERVICES

For each item of costs in this category, provide the following in the Budget Justification:

1) Name of contractor
2) Organizational affiliation, if applicable
3) Nature of services to be rendered
4) Relevance of service to the Work Plan
5) The basis for the fee
6) The expected expense compensation (travel, per diem, other associated costs)

INDIRECT COST

Identify the "order of preference" used to recover indirect costs, clarifying or describing the costs associated with the selection. Identify the base used in establishing the rate, state the rate, and show the calculation leading to the claimed indirect costs in the Line Item Budget. State if there are unrecovered indirect costs that are budgeted as match. The rate identified in a negotiated rate agreement should be the same as that used in the line item budget and the budget justification.

Important: Distinquish between grant funds, cash match, and non-cash match.

Budget Crosswalk

"connecting costs with outcomes"

Outcomes of FY 2007 (only) Work Plan	**Outputs**	**Items of Costs** (grant or match)
A.O(1) **Outcome**: Public awareness is raised and there is political will to address the problem of overweight and obesity among children and youth in the Fairville community by December 31, 2005.	public education campaign, community forums, attend city council and school board meetings, advocacy	**Personnel –** Executive Director and Project Coordinator **Communication** - Radio spots and newspaper ads
A.O(2) **Outcome**: Children and youth in the Fairville Public Schools will be physically fit by September 30, 2007.		

Match Information

1. The following information pertains to the Subrecipient's supporting records for in-kind contributions from third parties.

   (a) Volunteer services shall be documented and, to the extent feasible, supported by the same methods used by the Subrecipient for its own employees, including time records.
   (b) The basis for determining the valuation for personal service, material, equipment, buildings, and land shall be documented.

2. To be accepted, all matching contributions, including cash and third party in-kind, shall meet all of the following criteria:

   (a) Are verifiable from the Subrecipient's records;
   (b) Are not included as contributions for any other federally-assisted project or program;
   (c) Are necessary and reasonable for proper and efficient accomplishment or project or program objectives;
   (d) Are allowable under the applicable cost principles;
   (e) Are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for matching;
   (f) Are provided for in the approved budget.

3. Unrecovered indirect costs may be included as part of matching.

4. Values for recipient contributions of services and property shall be established in accordance with the applicable cost principles.

5. Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as matching if service is an integral and necessary part of an approved project or program. Rates for volunteer services shall be consistent with those paid for similar work in the Subrecipient's organization. In those instances in which the required skills are not found in the Subrecipient's organization, rates shall be consistent with those paid for similar work in the labor market in which the subgrantee competes for the kind of services involved. In either case, paid fringe benefits that are reasonable, allowable, and allocable may be included in the valuation.

6. When an employer other than the Subrecipient furnishes the services of an employee, these services shall be valued at the employee's regular rate of pay (plus an amount of fringe benefits that are reasonable, allowable, and allocable, but exclusive of overhead costs), provided these services are in the same skill for which the employee is normally paid.

7. Donated supplies may include such items as expendable property, office supplies, laboratory supplies or workshop and classroom supplies. Value assessed to donated supplies included in the matching share shall be reasonable and shall not exceed the fair market value of the property at the time of the donation.

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS)

What are CLAS Standards?

The collective set of Culturally and Linguistically Appropriate Services mandates, guidelines, and recommendations issued by the U.S. HHS Office of Minority Health intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

What is cultural and linguistic competence?

Cultural and linguistic competence is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in a cross-cultural situation".

"Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."

Cross, T., et al, *Towards a Culturally Competent System of Care*, Volume 1, 1989.

Why are CLAS Standards needed?

The standards "respond to the need to ensure that all people entering the health care system receive **equitable and effective** treatment in a culturally and linguistically appropriate manner" and are proposed "as a means to **correct inequities** that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers."

"They are especially designed to address the needs of racial, ethnic, and linguistic population groups that **experience unequal access** to health services" and "ultimately to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans."

How are the CLAS Standards applied?

There are 14 Standards. Four of the Standards (4,5,6, & 7) are mandates and are required to be adopted for all recipients of Federal Funds. These four standards are based on Title VI or the Civil Rights Act of 1964 (Title VI) with respect to services for limited English proficient (LEP) individuals. Additionally, nine of the Standards are guidelines that are activities that are recommended by the Office of Minority Health (OMH) for adoption as mandates by Federal, State, and national accrediting agencies. This distinction applies to Standards 1,2,3,8,9,10,11,12, & 13. Finally, Standard 14 is a recommendation that is suggested by OMH for voluntary adoption by health care organizations.

What is Title VI?

This refers to Title VI of the Civil Rights Act of 1964. Specifically, Title VI provides that no person in the U.S. shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Full text of the Act may be found in *Title VI of the Civil Rights Act of 1964*, as amended, 42 U.S.C. §2000d, *et seq*.

A manual providing an overview of the Act may be found at http://www.usdoj.gov/crt/grants_statutes/legalman.html#Introduction

The courts have held that Title VI prohibits recipients of Federal financial assistance from denying LEP persons access to programs, on the bases of national origin. Any organization, or individual,, that receives Federal financial assistance, either directly or indirectly, through a grant contract, or subcontract, is covered by Title VI. For more information on Title VI Language Assistance obligation, see: http://www.hhs.gov/ocr/lep/fact.html

Which CLAS mandates are current Federal requirements for all recipients of Federal funds based on Title VI?

Standards 4, 5, 6 & 7 are mandates. These standards are:

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of commonly encountered groups and/or groups represented in the service area.

As a recipient of Federal funds, what are some options to comply with the language access requirement?

For oral language assistance, options that can be used to comply with the language access requirement include: hiring bilingual staff for patient and client positions, hiring staff interpreters, contracting for interpreter services, engaging community volunteers, and contracting for telephone interpreter services. Translation of written documents depends on several factors, including the size of the population being served.

Which CLAS Standards are recommendations?

CLAS standards that are <u>recommended</u> by the Office of Minority Health (OMH) for adoption are Standards 1, 2, 3, 8, 9 , 10, 11, 12 & 13:

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

2. Health care organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

3. Health care organizations should ensure that staff at all levels, and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations. Title VI Language Assistance Obligations.

10. Health care organizations should ensure that data on the individual patients/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

11. Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS – related activities.

13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross – cultural conflicts or complaints by patients/consumer.

Which CLAS Standard is suggested by OMH for <u>voluntary adoption</u> by health care organizations?

Standards 14 is suggested as a voluntary step:

14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Where can I find more information about CLAS Standards?

The following website provides the Federal Registry announcement of CLAS Standards.

http://www.omhrc.gov/clas/frclas2.htm

The Office for Civil Rights (OCR) has a website that provides information on Title VI Language Assistance Obligations, compliance with the language access requirement, examples of prohibited practice, and compliance and enforcement.

http://www.hhs.gov/ocr/lep/fact.html

Nebraska is in HHS Region VII, with its headquarters in Kansas City, MO. The Regional Office of Civil Rights Manager can be reached at 816-426-7278, fax 816-426-3686, and TDD 816-426-7065.

Checklist of Requirements

Subrecipient should carefully review this Checklist to assure that **all elements of the Continuation Request have been re-submitted and, as warranted, updated for FY 2007**. *This form is for Subrecipient use; it does not need to be included in the Continuation Request.*

Critical Elements	✓
Table of Contents – Use the exact headings and subheadings from the FY 2007 Continuation Request for the Table of Contents. Assign correct page numbers to each item.	
Cover Sheet – Use the required form for FY 2007. This must be signed and dated by an official of the Subrecipient with authority to legally-binding documents, *i.e.* the Terms and Assurances of this subgrant of federal financial assistance. *Downloadable in a Word file from the website.*	
Abstract – Describe the organization, e.g. history, mission, and capacity for implementing the activities described in the Work Plan, as well as a descriptive overview of the proposed activities (outputs), and *most importantly*, how the outputs will achieve the intended results (outcomes). If warranted, update for FY 2007.	
Assessment of Needs – This element explains why the proposed activities in the Work Plan are important. If warranted, update for FY 2007.	
Work Plan, *including the Plan Summary, Plan Description, and Timeline* – Use a format that logically connects the essential components of the Work Plan, using it consistently to clearly demonstrate an overview of the proposed activities (outputs) and how those will achieve the intended results (outcomes). Show when the outputs will occur and when outcomes will be achieved. Update for FY 2007. *The timeline format is downloadable in a Word file from the website.*	
Financial Plan, *including the Line Item Budget, Budget Justification, and Budget Crosswalk* -- The totals on the Line Item Budget must agree with the totals on the Cover Sheet, including both grant funds and match. The Budget Justification must mirror all line items from the Line Item Budget, including both grant funds requested and matching resources. Clearly describe the need for each item of cost, showing calculations how amounts were determined. Reflect any program income projections in the justification for line items budgeted with cash match. Attach relevant documentation that supports the "order of preference" to recover indirect costs. Update for FY 2007. *The line item budget is downloadable in a Word file from the website. Use of a spreadsheet is encouraged although must use the same format.*	
Management Plan – This element describes the procedures for successfully managing the proposed activities from the Work Plan and the Financial Plan, identifies key individual(s) who will implement and monitor both finance and program operations, and consider potential barriers and how these will be addressed. If warranted, update for FY 2007.	
Memorandum(s) of Understanding – If Subrecipient is relying on non-paid collaborative partners for the success of the work, Memorandum of Understanding(s) must be submitted. This is a written agreement that delineates and formalizes the commitment of collaborative partners. (The commitment of paid collaborative partnerships shall be formalized in a contract; contracts shall be available upon request, but do not need to be submitted with the Continuation Request.) . If warranted, update for FY 2007.	
Evaluation Plan -- The is a summary of the evaluation design and methods. Detail of the evaluation activities is found in the Work Plan. If warranted, update for FY 2007.	
Subgrant Terms and Assurances; Certifications – Subrecipients must fully comply with the Subgrant Terms and Assurances. Understand all requirements before signing the Cover Sheet. The five certifications must be signed and dated by an authorized official of the Subrecipient. Attach lobbying disclosure if warranted. Update for FY 2007. *Printable pdf.*	

Common Mistakes and Omissions

To avoid a tentative award letter *with contingencies*, carefully consider the following list. Most contingencies are caused by simple mistakes and omissions like these common ones. Your careful attention to detail will:

- reduce the review time to consider and approve continuation funding requests, and
- expedite your receipt of a final award letter.

Avoid these:

1 Unsigned Cover Sheet.

2 Mathematical errors in the Budget.

3 Match ***type*** (cash vs inkind) is incorrectly identified. **Program income** is always cash match because it has to be reinvested, but not all cash mash is program income.

4 Match ***source*** not identified, especially the original source of cash match.

5 Budget lines and funding columns that do not mirror the Budget Justification.

6 Grant budget exceeds the level of grant funds available.

7 **Subgrant Terms and Assurances** (***including*** *Exhibits 1, 2, and 3*) omitted or incomplete from the request for continuation funding.

8 Non-specific line item in the Budget, e.g. cannot use "**miscellaneous**".

9 Budget figures inaccurately brought forward onto the **Cover Sheet.**

#10 Incomplete set of **Certifications** and/or unsigned Certifications.

Glossary

access

Often defined as the potential and actual entry of a population into the health care system and by features such as private or public insurance coverage. The probability of entry is also dependent upon the wants, resources, and needs that patients may bring to the care-seeking process. Utilization rates and subjective evaluations of care describe actual entry into the system. Ability to obtain wanted or the distance one has to travel, waiting time, total income may also influence needed services, and whether one has a regular source of care.

allocable costs

A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received. Any cost allocable to a particular federal award may not be charged to other federal awards to overcome fund deficiencies.

allowable costs

Allowable costs are those necessary and reasonable for proper and efficient performance and administration of Federal awards. See Office of Management and Budget (OMB) Cost Principles relevant by type of entity.

audits

Fiscal review performed by an independent auditor (CPA) with a formal report being prepared. Refer to **[ATTACHMENT 4, PAGE 11 OF 23].**

birth defect

A structural abnormality present at birth.

budget justification

Details about what funds will be spent on and how dollars were figured in development of the budget. Describes how planned expenditures will support proposed goals and activities.

CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) – the collective set of "culturally and linguistically appropriate services." CLAS mandates, guidelines and recommendations were issued by the U.S. Department of Health and Human Services Office of Minority Health intended to inform, guide and facilitate required and recommended practices related to culturally and linguistically appropriate health services. For more information: http://www.omhrc.gov/clas/frclas2.htm.

capacity

Includes delivery systems, workforce, policies, and support systems, and other infrastructure needed to maintain services delivery and policy-making activities.

capacity-building

Creating or enhancing abilities to operate, carry out community assessment and policy development, and manage major administrative areas, such as financial, personnel, and program management to meet the needs of the population (in this case the maternal and child health population, including children with special health care needs).

cash match

Non-federal grant source, agency cash, donations, fees, insurance payments or Medicaid reimbursement. Medicaid is a state-federal partnership. Medicaid payments include federal funds. This is an allowable source of cash match since Medicaid programs are state-operated and financed in part by state funds.

case management

1. The monitoring and coordination of treatment rendered to patients with specific diagnosis or requiring high-cost or extensive services.

2. Management directed toward serious conditions likely to require numerous providers and involve costly care. Case managers handle each case individually, identifying the most cost-effective treatments for extremely resource-intensive conditions, such as accidents, AIDS, cancer, major trauma, prematurity, and strokes.

3. Process of identifying, assessing, organizing, coordinating, and monitoring the necessary and appropriate services to meet and individual's health, vocational and social service needs.

children with special health care needs (CSHCN)

(For budgetary purposes) Infants of children from birth through the 21st year with special health care needs who the State has elected to provide with services funded through Title V. CSHCN are children who have health problems requiring more than routine and basic care including children with or at risk of disabilities, chronic illnesses and conditions and health-related education and behavioral problems.

(For planning and systems development) The following is a non-categorical framework which uses three definition components. All three elements must exist for a child to be classified as having a chronic health condition. This approach defines ongoing health conditions in children ages *birth to 21 years of age* as disorders that:

1. Have a biologic, psychologic, or cognitive basis, *and*
2. Have lasted or are virtually certain to last for at least 1 year (or result in death), *and*
3. Produce *2 or more* of the following sequelae:
   a. Limitation of function, activities, or social role in comparison with healthy age peers in the general areas of physical, cognitive, emotional, and social growth and development.
   b. Dependency on one of the following to compensate for or minimize limitation of function, activities, or social role:
      (1) medications

(2) special diet
(3) medical technology
(4) assistive technology
(5) personal assistance

c. Need for medical care, mental health care, or other health-related services over and above the usual for the child's age, or for special ongoing treatments, interventions, or accommodations at home or in school.

community-based care

The blend of health and social services provided to an individual or family in their place of residence for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability.

comprehensive health planning (CHP)

Health planning that encompasses all personal factors and community programs that impact on people's health.

consumer

One who may receive or is receiving health services. While all people at times consume health services, a consumer, as the term is used in health legislation and programs, is usually someone who is not associated in any direct or indirect way with the provision of health services.

continuity of care

Health care provided on a continuous basis, starting with the patient's initial contact with the primary care practitioner and following the patient through all episodes of his or her health care needs.

cost

Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges, the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

cost center

Expenses incurred in the provision of services or goods. Many different kinds of costs are defined and used (see allowable, direct, indirect, and operating costs). Charges, the price of a service or amount billed an individual or third party, may or may not be equal to service costs.

culturally competent

Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

direct cost

A cost which is identifiable directly with a particular activity, service, or product of the program experiencing the costs. The costs must be specifically identified in and for the purpose of accomplishing what is described in the grant proposal. These costs do not include the allocation of costs to a cost center, which are not specifically attributable to that cost center. (contrast with indirect cost)

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)

A program mandated by law as part of the Medicaid program. The law requires that all States have in effect a program for eligible children under age 21 to ascertain their physical or mental defects and to provide such health care treatments and other measures to correct or ameliorate defects and chronic conditions discovered. The State programs also have active outreach components to inform eligible persons of the benefits available to them, to provide screening, and if necessary, to assist in obtaining appropriate treatment.

evaluation

Collecting, analyzing, and interpreting information on the need for, implementation of and effectiveness and efficiency of intervention efforts to better human-kind.

evidence-based models

A public health approach using sound scientific decisions based on evidence of current research and not anecdotal, rhetoric, or generalities that reflect unsound nonscientific thought or policies.

family-centered care

8A system or philosophy of care that incorporates the family as an integral component of the health care system.

federal allocations

The monies provided to the States under the Federal Maternal and Child Health Services Title V Block Grant in any given year.

federal fiscal year

October 1 through September 30

fixed costs

The portion of total costs of a program incurred even when output is nil, e.g., costs associated with overhead, facilities, and overhead salaries.

grant year

For MCH Grant, October 1 through September 30.

health education

Any planned combination of learning experiences designed to predispose, enable and reinforce voluntary behavior conducive to health in individuals, groups, or communities.

health planning

Planning concerned with improving health, whether undertaken comprehensively for a whole community or for a particular population, type of health service, institution, or health program. The components of health planning include data assembly and analysis, goal determination, action recommendation, and implementation strategy.

health promotion

Any planning combination of education, political, regulatory, and organizational supports for actions and conditions of living conducive to the health of individuals, groups, or communities.

health service area

Geographic area designated on the basis of such factors as geography, political boundaries, population, and health resources, for the effective planning and development of health services.

indirect cost

A cost which cannot be identified directly with a particular activity, service, or product of the entity incurring the cost. Indirect costs are those that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the result achieved. Indirect costs are usually allocated among an entity's services in proportion to each service's share of direct costs. Because of the diverse characteristics and accounting practices of governmental units, the types of costs, which may be classified as indirect costs, cannot be specified in all situations. However, typical examples of indirect costs, may included certain general administration of the grantee department or agency, accounting and personnel services performed within the grantee department or agency, and the costs of operating and maintaining facilities. (Contrast with indirect cost.)

infant mortality

The death of a live-born infant before its first birthday.

in-kind

A third-party contribution; a value assessed to a service or product not paid with cash (referred to as “non-cash match” in this RFP).

input

The resources invested to implement activities for the purpose of achieving an outcome. Includes are raw materials needed by services and projects in order to be successful. Resources include but are not limited to financial resources; clients and users; personnel with specific knowledge, training, competencies, or talents; physical facilities, equipment and materials; time energy and commitment from people in leadership roles and cooperation from collateral organizations.

local health department

Legislative Bill (LB) 692 passed in the 2001 Nebraska Unicameral supports the development of local health departments statewide. Local health departments are those that qualify for the County Public Health Aid Program in Section 11 of LB 692.

management plan

The procedures for successfully managing (maternal child health) activities including the agency's organizational structure, staff responsibilities and qualifications.

match

The value of third-party in-kind contributions and the portion of the costs of a federally-assisted project or program not borne by the Federal Government (Source: the "Uniform Administrative Requirements for Grants and cooperative agreements to State and Local Governments" for the Department of Human Services, 45 C.F.R. Part 92)

Medicaid

A federally funded, state operated program of medical assistance to people with low incomes, authorized by Title XIX of the Social Security Act. Under broad federal guidelines the individual states determine benefits, eligibility, rates of payment and methods of administration.

medically indigent

People who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

medically underserved population

A population group experiencing a shortage of personal health services. A medically under served population may or may not reside in a particular medically under served area or be defined by its place of residence. Thus, migrants, American Indians, or the inmates of a prison or mental hospital may constitute such a population. The term is defined and used to give priority for Federal assistance (e.g., the National Health Service Corps).

mistimed pregnancy

According to questions included in the National Survey of Family Growth, a pregnancy that was intended but occurred sooner than the mother would have liked.

morbidity

The extent of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence.

mortality

Death. Used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time and may be expressed as crude death rates (e.g., total deaths in relation to total population during a year) or as death rates specific for diseases and, sometimes, for

age, sex or other attributes (e.g., number of deaths from cancer in white males in relation to the white male population during a given year).

needs assessment

A systemic set of procedures undertaken for the purpose of setting priorities and making decisions about program or organizational improvement and allocation of resources. The priorities are based on identified needs.

neonatal death

Death of a live-born infant from birth to <28 days of life.

non-cash match

A value assessed to a service or product not paid with cash, also known as “in-kind”.

non-profit

Non-profit status as designated by the Internal Revenue Services (IRS).

Proof of Non-profit Status -- Any of the following is acceptable evidence of nonprofit status: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

OMB

The Executive Office of the President, Office of Management and Budget. http://www.whitehouse.gov/omb/organization/index.html

operating cost

In the health field, the financial requirements necessary to operate an activity which provides health services. These costs normally include the costs of personnel, materials, overhead, depreciation, and interest.

outcome

The statement of an intended result.

outputs

The activities implemented towards achieving an outcome.

overhead

The general costs of operating an entity which are allocated to all the revenue producing operations of the entity but which are not directly attributable to a single activity. For a

hospital, these costs normally include maintenance of plant, occupancy costs, housekeeping, administration, and others.

pass-through entity

A non-federal entity that provides a federal award to a subrecipient to carry out a federal program. Pass-through entities have compliance requirements specific to pass-through entity responsibilities, e.g. subrecipient monitoring, as stipulated in OMB Circular A-133 audit requirements. Nebraska Health and Human Services Regulation and Licensure is the pass-through entity for the MCH Grant (the portion of Nebraska's federal Title V / MCH Block Grant that is subgranted to local communities and Tribal governments).

periconceptional

Occurring around the time of conception.

performance management system

The continuous use of practices, e.g. performance measures, quality improvement, and reporting, and integrated into an organization's core operations

performance measures

pre-determined measures that will be used to test if intended results (outcomes) were reached and how well intended activities were implemented (process).

planning

The conscious design of a desired future state (described in a plan by its goals and objectives); including: description of, and selection among, alternative means of achieving the goals and objectives; the conduct of the activities necessary to the design (such as data gathering and analysis); and the activities necessary to assure that the plan is achieved.

policy

A course of action adopted and pursued by a government, party, statesman, or other individual or organization; any course of action adopted as proper, advantageous, or expedient. The term is sometimes used less actively to describe any stated position and matters at issue, *i.e.*, an organization's policy statement on national health insurance. Policies bear the same relationship to rules (regulations) as rules do to law, except that unlike regulations, they do not have the force of law.

prenatal care

1. Care of the pregnant woman before delivery of the infant.

2. Monitoring and management of the woman during pregnancy to prevent complications of pregnancy and promote a health outcome for the mother and infant.

preterm delivery

Conclusion of pregnancy before the 37th completed week of gestation.

preventive care

Comprehensive care emphasizing prevention, early detection, and early treatment of conditions, and generally including routine physical examinations, immunization, and well-person care.

primary health care

1. Basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system. Primary care is considered comprehensive when the primary provider takes responsibility for the overall coordination of the care of the patient's health problems, be they biological, behavioral, or social. The appropriate use of consultants and community resources is an important part of effective primary care. Such care is generally provided by physicians but is increasingly provided by other personnel such as nurse practitioners or physician assistants.

2. Initial contact for personal health care, including care from physicians and other health care practitioners trained in general pediatrics, general internal medicine, obstetrics and gynecology, and family practice. Also provides for continuity of services and referral for subsequent necessary care.

3. The point when the patient first seeks assistance from the medical care system; also the care of the simpler and more common illnesses. The primary care provider usually also assumes ongoing responsibility for the patient in both health maintenance and treatment.

program income

Program income is gross income received by the subrecipient that is directly generated by a grant-supported activity, or earned only as a result of the grant during the project period. Any profit to the subrecipient resulting from grant funds. Program income is required to be reinvested to help support the grant-funded work.

project period

The timeframe defined by an RFP to perform a Work Plan. For the MCH Grant, this is a three-year period, unless a subrecipient does not reapply or is not approved for continuation funding in the two interim years.

public health

1. The science dealing with the protection and improvement of community health by organized community effort. Public health activities are generally those which are less amenable to being undertaken by individuals or which are less effective when undertaken on an individual basis and do not typically include direct personal health services. Public health activities include: immunizations; sanitation; preventive medicine, quarantine and other disease control activities; occupational health and safety programs; assurance of the healthfulness of air, water, and food; health education; epidemiology, and others.

2. Application of scientific and technical knowledge to address community health needs, thereby preventing disease and promoting health. Core functions include collecting and

analyzing data, developing comprehensive policies for entire populations, and assuring that appropriate services are delivered to all.

rehabilitation

The combined and coordinated use of medical, social, educational, and vocational measures for training or retraining individuals disabled by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical, and educational.

respite care

The provision of temporary care for individuals who require specialized or intensive care or supervision that is normally provided by his or her family at home. Respite care provides the family with relief from the demands of the individual's or family member's care.

revenue

The gross amount of earnings received by an entity for the operation of a specific activity. It does not include any deductions for such items as expenses, bad debts, or contractual allowances.

scope of work

Work plan activities for the provision of MCH services or development, implementation and maintenance of MCH infrastructure.

services

Are comprised of direct health care services, enabling services and population-based services.

sovereignty

Total independence and self-government. A territory existing as an independent state.

Sovereign Nation

Self-governing, independent nation.

subrecipients

A non-federal entity that expends federal awards received from a pass-through entity to carry out a federal program, but does not include an individual that is a beneficiary of such a program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency. In the case of MCH Grant funds, public and private non-profit entities, and federally-recognized Native American Tribes headquartered in Nebraska (Omaha, Ponca, Santee, and Winnebago) are subrecipients of federal Title V / MCH Block Grants funds with Nebraska Health and Human Services Regulation and Licensure as the pass-through entity of the federal funds.

systems development

Activities involving the creation or enhancement of organizational infrastructures at the community level for the delivery of health services and other needed ancillary services to individuals in the community by improving the quality of service capacity of health care service providers.

terms and assurances

Document agreed upon by both NDHHS and subgrantee regarding conditions placed on the grant.

underinsured

People with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

uninsured

People who lack public or private health insurance.

unintended pregnancy

According to questions included in the National Survey of Family Growth, a pregnancy identified as either unwanted or mistimed.

unintentional injury

Injury arising from unintentional events.

unwanted pregnancy

According to questions included in the National Survey of Family Growth, a pregnancy occurring when the mother reported that she did not want a child at the time of conception or any time in the future.